

1. Entity Name
WILDCARD SYSTEMS, INC.



06 NOV-7 PM 2:23

10/24/06--01014--002 **750.00



10122006 REIN-P CR2E098 (11/05)

Principal Place of Business 1601 SAWGRASS CORP. PARKWAY SUITE 300 SUNRISE, FL 33323 US		Mailing Address 1601 SAWGRASS CORP. PARKWAY SUITE 300 SUNRISE, FL 33323 US		DEPARTMENT OF STATE 1601 SAWGRASS CORP. PARKWAY SUITE 300 SUNRISE, FL 33323 10/24/06--01014--002 **750.00  1012200631 REIN P CR2E098 (11/05)	
2. Principal Place of Business		3. Mailing Address		1012200631 REIN P CR2E098 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0556600 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAUTTER, C. CHRISTIAN ESQ. 2850 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33311		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$750.00
or January 1, 2007. Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSAR, BERNIE 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Paul 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PALMER, GARY 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Gresham, George 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, WALLACE 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Coleman, Steven 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARK, LARENCE 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fishbach, Steven 8501 N. Scottsdale Rd # 300 Scottsdale, AZ 85253 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXE, TENCH 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Kim, Juliet 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PETER 1601 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Walsh, Paul 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Gresham

10119106

Date _____

Daytime Phone # _____